

## Electronic Patent Application Fee Transmittal

<b>Application Number:</b>	10510462			
<b>Filing Date:</b>	10-Aug-2005			
<b>Title of Invention:</b>	Mopping trolleys			
<b>First Named Inventor/Applicant Name:</b>	Christopher Robert Duncan			
<b>Filer:</b>	Timothy Neal Thomas/Traci Johnson			
<b>Attorney Docket Number:</b>	16933-3			
Filed as Large Entity				
<b>U.S. National Stage under 35 USC 371 Filing Fees</b>				
Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
<b>Basic Filing:</b>				
<b>Pages:</b>				
<b>Claims:</b>				
<b>Miscellaneous-Filing:</b>				
<b>Petition:</b> <span style="float: right;">Refund Refdate: 11/26/2008 LDIEP1 10/16/2008 INTEFSW 00003005594110.00 00 82 FC:1238 1620 1620 Credit Card Refund Total: \$1110.00</span>				
<b>Petition-Appeals-and-Interference:</b> Am Exp.: XXXXXXXXX1029				
<b>Post-Allowance-and-Post-Issuance:</b>				
<b>Extension-of-Time:</b>				

Description	Fee Code	Quantity	Amount	Sub-Total in USD(\$)
Extension - 3 months with \$0 paid	1253	1	1110	1110
<b>Miscellaneous:</b>				
<b>Total in USD (\$)</b>				<b>2730</b>

**UNITED STATES PATENT & TRADEMARK OFFICE**  
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REQUEST FOR PATENT FEE REFUND										
1 Date of Request:	11/03/08	2 Serial/Patent #	10/510462							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input checked="" type="checkbox"/> Extension of Time			10/29/08 \$ 1,100.00							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
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<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
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<input checked="" type="checkbox"/> 10 REASON:		<input checked="" type="checkbox"/> Treasury Check CC								
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<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td></tr></table>					--			
			--							
<input checked="" type="checkbox"/> X No Fee Due (Explanation):										
No extension of time required.										
11 REFUND REQUESTED BY:		MC								
TYPED/PRINTED NAME:		David Bucci								
SIGNATURE:		TITLE: Petitions Examiner								
OFFICE: Office of Petitions		PHONE: 272-7099								
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